

**DATE**

9/7/2021

PRESENTING CLINICAL SIGNS

History: Adopted from shelter 3 mon ago. Recently decreased appetite, fatigue, depressed. Possible heart murmur heard at another vet. Abdominal swelling recently. No cough, no vomiting. urination normal, but decreased defecation. No dyspnea or exercise intolerance. Burping a lot.

PATIENT

Penelopy Thresher

PE: BCS 3.0/9. Skin turgor poor. MM Pinkish white CRT 2 sec. 2+ gingivitis Needs multiple extractions Regular rhythm, no murmur heard. Abdominal fluid wave - peritoneal effusion. No abdominal tenderness

SPECIES

Canine

Current Medications: Furosemide from another vet - stopped

Lab Results: WBC 17.3, Neut 15.03, Hct 16.17, Plt 51, T4 1.7, glu 105, BUN 43.9, Creat 1.4, alb 2.2 (2.2-4.1), ALT 98, ALK 170, GGT 5.0, T Bili 1.14, AMY 1706 (500-1400), Lipa 74, K 3.0

Thrombocytopenic, mild azotemic, hypoalbuminemia, T4 normal.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not needed.

BREED

Terrier mix

Stat Report: Not requested.

SEX

Female, spayed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of aggregated echogenic suspended debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

2010

The left kidney is normal size (4.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are present. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

13 lbs.

The right kidney is normal in size (4.56 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Moderate pyelectasia is present (0.65 cm in the transverse plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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Adrenal Glands

The left adrenal gland is normal size (0.41 cm at cranial pole) (0.48 cm at caudal pole) (1.23 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Friendly Paws
Veterinary Clinic

The right adrenal gland is mildly enlarged (0.67 cm at cranial pole) (0.58 cm at caudal pole) (1.76 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Price

INVOICE

12035

Spleen

The spleen is subjectively enlarged with irregular peripheral contours. The parenchyma is heterogeneous with a nodular pattern throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with irregular peripheral contours. Numerous varying sized heterogeneous nodules/masses are observed throughout the organ, the largest measuring 3.78 cm in diameter. Some of the lesions contain small cavitated areas. Vascular and biliary tracts are of normal volume with no evidence of

congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

A large amount of free fluid is observed within the abdomen. The fluid contains some suspended echogenic debris. The mesentery is diffusely hyperechoic and slightly nodular in appearance. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic lesions are most consistent with neoplasia (i.e., round cell tumor) with a lower possibility of multifocal inflammatory disease.
- The splenic parenchymal changes are also concerning for infiltrative neoplasia with a lower possibility of benign pathology (i.e., lymphoid hyperplasia or extramedullary hematopoiesis).
- The ascites/peritonitis is likely secondary to hepatic and splenic pathology.

Secondary Findings:

- Bilateral age-related renal changes with dystrophic mineralization and right pyelectasia.
- Mild right adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspirates of the liver, spleen and abdominal fluid with submission for cytology. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. However, given the multitude of lesions, the prognosis for this patient is considered guarded.





The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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